

PROP 64: THE CALIFORNIA ADULT USE OF MARIJUANA ACT (AUMA)



Behavioral
Health
Advisory
Board Meeting

2/2/2017

EFFECTIVE NOV 9, 2016

- **Allows** adults 21+ to possess, transport, consume & share

- 1 oz of dried marijuana &
- up to 8 grams of marijuana concentrate.
- Reduces most penalties to infraction

- **6 plants for their personal use.**

- Individuals (not commercial)
- Private residence, out of public view and kept away from kids.
- Indoor grows

- **Use only allowed in private residences**

- An infraction if consumed in public

- **Not yet** available commercially

- **State is required to begin issuing licenses 1/1/18**

- **Infrastructure being developed now**

- Labeling, Packaging, Licenses,
- A state commercial license is required for non-medical marijuana activity/businesses

- **Businesses that sell alcohol & tobacco are prohibited from selling marijuana**

CONFLICTS

Medical

- Age 18
- Minors may have medical use
- 100 sqft plant growing area
- Use whatever is recommended
- 17 licenses
- Owners/Employees can't have CJ issues

Recreational

- Age 21
- 6 plants
- Limits possession to 1oz & 8 gms
- 21 licenses
- Owners/Employees can have CJ issues

AB 64, Reconciling the Medical Cannabis Regulation and Safety Act and the Adult Use of Marijuana Act/Prop 64 was introduced 12/12/16



**6 PLANTS
MAKE A
LOT OF
WEED!!**

WHAT A DIFFERENCE A DAY MAKES...



WHAT IS A 'SERVING' SIZE?



"To sum up, there is no easy answer to this question, but if I had to give an answer that was true 'most of the time,' I'd say there are between 28 and 56 joints in an ounce of marijuana. Of course, there will no doubt be someone out there that says 'there is only one joint in an ounce of marijuana,' and that would be true too!"

www.theweedblog.com

MARIJUANA & THE WORKPLACE

‘Under the Influence’ means that a drug or alcohol is present in the employee’s bodily system.

County of San Diego Drug and Alcohol Policy

CANNABIS USE DISORDER

Diagnostic and Statistical Manual of Mental Disorders 5th Edition* (DSM-5) is the standard classification of mental disorders used in the U.S. by mental health professionals

*Updated 5/13/13

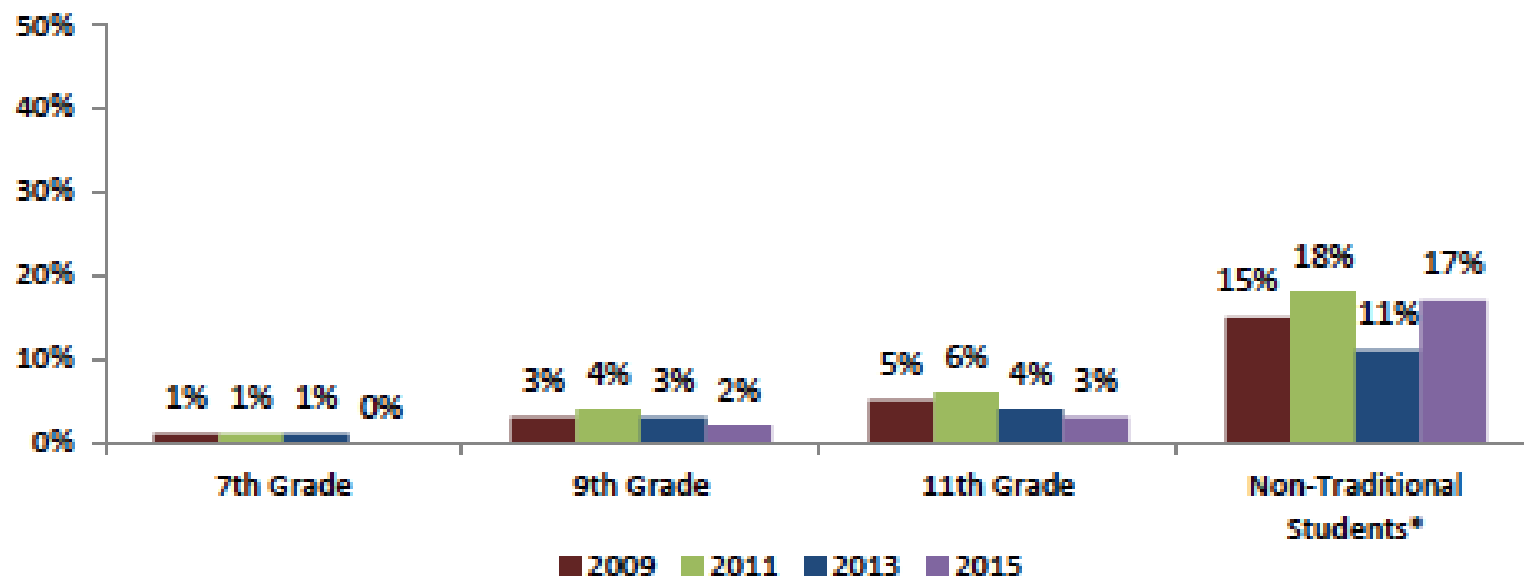
Cannabis use disorder

Cannabis use disorder, a cannabis-related disorder coded as 305.20 for mild or 304.30 for moderate or severe, is defined by *DSM-5* as the following:

- A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12-month period:
 - Cannabis is often taken in larger amounts or over a longer period than was intended.
 - There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
 - A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
 - Craving, or a strong desire or urge to use cannabis.
 - Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home.
 - Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
 - Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
 - Recurrent cannabis use in situations in which it is physically hazardous.
 - Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
 - Tolerance, as defined by either a (1) need for markedly increased cannabis to achieve intoxication or desired effect or (2) markedly diminished effect with continued use of the same amount of the substance.
 - Withdrawal, as manifested by either (1) the characteristic withdrawal syndrome for cannabis or (2) cannabis is taken to relieve or avoid withdrawal symptoms

DAILY MARIJUANA USE AMONG SAN DIEGO COUNTY YOUTH

- Daily marijuana use is defined as smoking pot 20 or more times in the past 30 days.

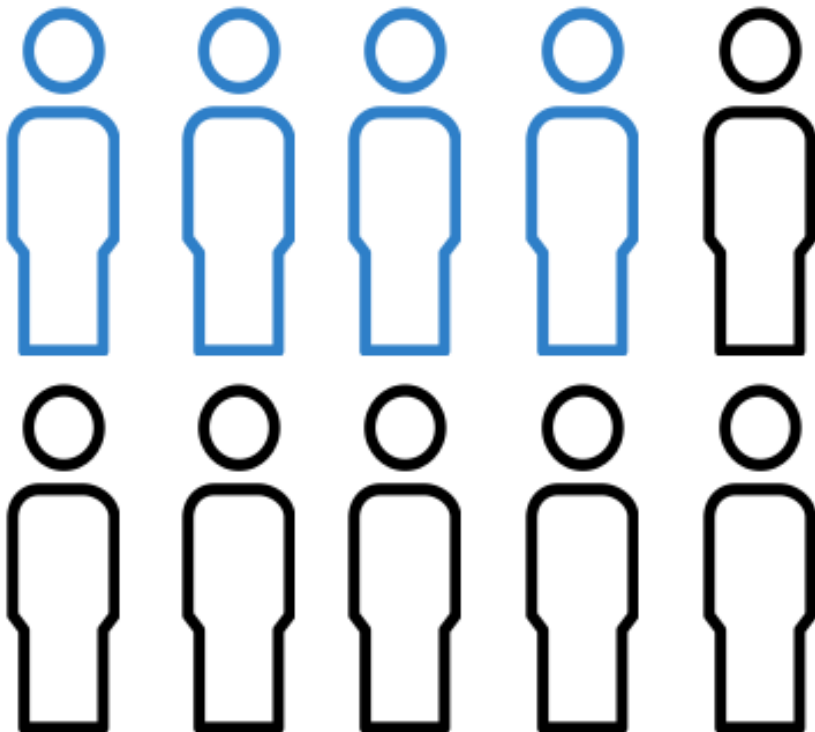


*The response rate for non-traditional students participating in the 2013 Survey was lower than in 2009, 2011, and 2015, which may in part account for the decrease in reported daily use rates among this population in 2013.

DRUG TREATMENT

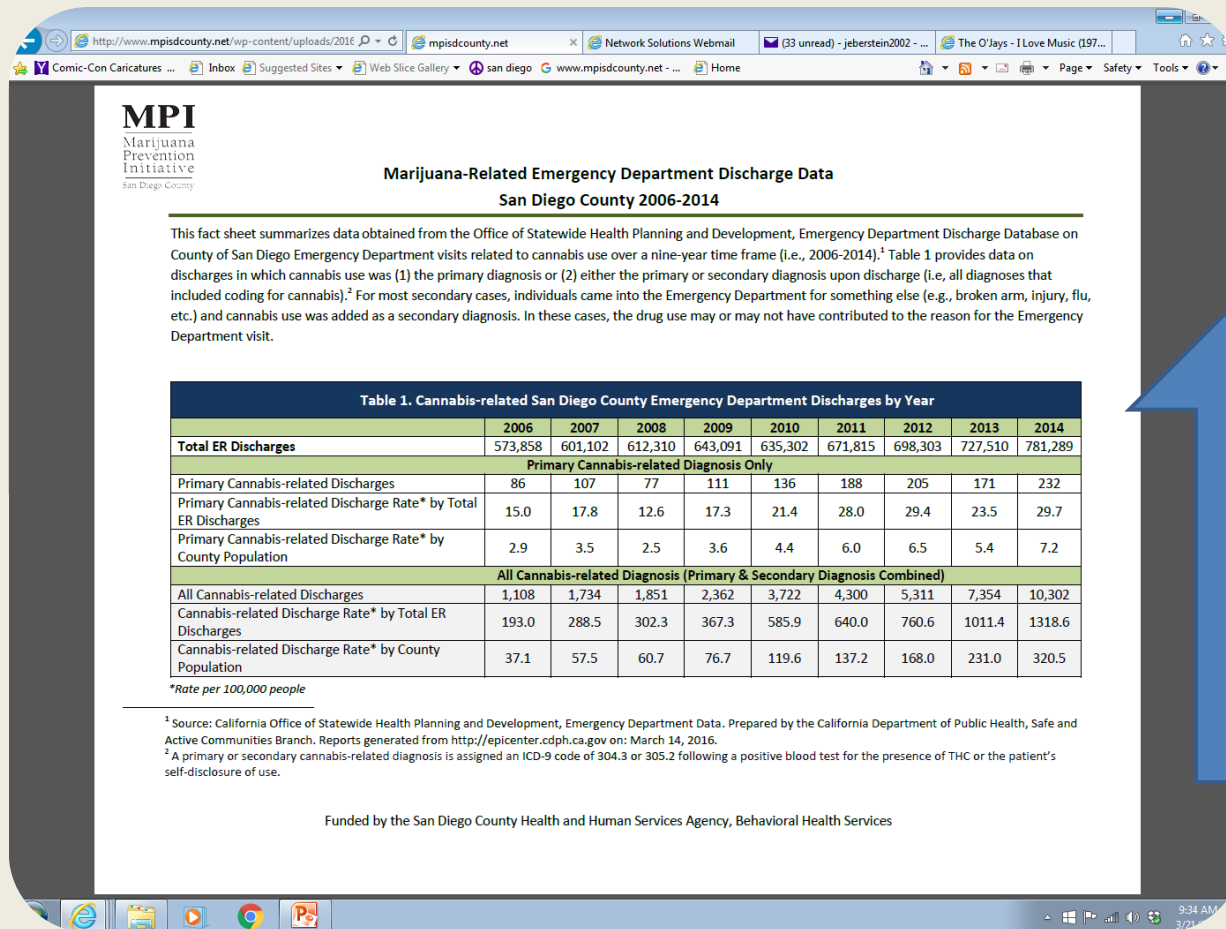
Youth Prevention
Programs

Drug Treatment
Programs



**75% youth
ages 12-17**

EMERGENCY DEPT. DISCHARGE DATA



MPI
Marijuana
Prevention
Initiative
San Diego County

Marijuana-Related Emergency Department Discharge Data San Diego County 2006-2014

This fact sheet summarizes data obtained from the Office of Statewide Health Planning and Development, Emergency Department Discharge Database on County of San Diego Emergency Department visits related to cannabis use over a nine-year time frame (i.e., 2006-2014).¹ Table 1 provides data on discharges in which cannabis use was (1) the primary diagnosis or (2) either the primary or secondary diagnosis upon discharge (i.e., all diagnoses that included coding for cannabis).² For most secondary cases, individuals came into the Emergency Department for something else (e.g., broken arm, injury, flu, etc.) and cannabis use was added as a secondary diagnosis. In these cases, the drug use may or may not have contributed to the reason for the Emergency Department visit.

Table 1. Cannabis-related San Diego County Emergency Department Discharges by Year

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total ER Discharges	573,858	601,102	612,310	643,091	635,302	671,815	698,303	727,510	781,289
Primary Cannabis-related Diagnosis Only									
Primary Cannabis-related Discharges	86	107	77	111	136	188	205	171	232
Primary Cannabis-related Discharge Rate* by Total ER Discharges	15.0	17.8	12.6	17.3	21.4	28.0	29.4	23.5	29.7
Primary Cannabis-related Discharge Rate* by County Population	2.9	3.5	2.5	3.6	4.4	6.0	6.5	5.4	7.2
All Cannabis-related Diagnosis (Primary & Secondary Diagnosis Combined)									
All Cannabis-related Discharges	1,108	1,734	1,851	2,362	3,722	4,300	5,311	7,354	10,302
Cannabis-related Discharge Rate* by Total ER Discharges	193.0	288.5	302.3	367.3	585.9	640.0	760.6	1011.4	1318.6
Cannabis-related Discharge Rate* by County Population	37.1	57.5	60.7	76.7	119.6	137.2	168.0	231.0	320.5

**Rate per 100,000 people*

¹ Source: California Office of Statewide Health Planning and Development, Emergency Department Data. Prepared by the California Department of Public Health, Safe and Active Communities Branch. Reports generated from <http://epicenter.cdph.ca.gov> on: March 14, 2016.

² A primary or secondary cannabis-related diagnosis is assigned an ICD-9 code of 304.3 or 305.2 following a positive blood test for the presence of THC or the patient's self-disclosure of use.

Funded by the San Diego County Health and Human Services Agency, Behavioral Health Services

CULTIVATION & PESTICIDES



LAW ENFORCEMENT RESPONSE



POLICY ISSUES



- Medical v. Non-Medical?
- For-profit v. Non-profit?
- Ban? Tax?
- Neighborhood safety
- 2nd hand effects?
- Public safety/DUI?
- Youth Use?
- Enforcement?
- Drug Treatment?
- Prevention?
- ???

LOCAL

- No action on the 8 staff recommendations presented 1/25/17
- Prepare an ordinance to ban medical marijuana store fronts/grows
- Planning Commission review
- Return to BOS March 15th



COUNTY OF SAN DIEGO

DATE: January 25, 2017

XX

TO: Board of Supervisors

SUBJECT: AN ORDINANCE AMENDING THE SAN DIEGO COUNTY ZONING ORDINANCE TO AMEND THE MEDICAL MARIJUANA COLLECTIVE FACILITY REGULATIONS, NON-MEDICAL MARIJUANA DISPENSARY REGULATION AND ORDINANCE EXTENDING MORATORIUM ON THE ESTABLISHMENT OF MEDICAL MARIJUANA COLLECTIVE FACILITIES. PD 6-00 (DISTRICTS):AL

THANK YOU

Linda Bridgeman Smith

**BHS Prevention & Planning Unit,
DUI & Prevention Programs**

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